



# **Risk and Resilience in Military Children and Families**

Workshop on the Scientific Study of Military Children  
November 2011

***Stephen J. Cozza, M.D.***

Associate Director, Center for the Study of Traumatic Stress  
Child and Family Programs

Professor of Psychiatry  
Uniformed Services University of the Health Sciences

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# Military Family Challenges

<b>Deployment</b>
*transient stress
*modify family roles/function
*temporary accommodation
*reunion adjustment
*military commun maintained
*probable sense of growth and accomplishmt
<b>Multiple Deployments ?</b>

<b>Injury</b>
*trans or perm stress
*modify family roles/function
*temp or perm accommodation
*injury adjustment
*military commun jeopardized
*change must be integrated before growth

<b>Psych Illness</b>
*trans or perm stress
*modify family roles/function
*temp or perm accommodation
*illness adjustment
*military commun jeopardized
*change must be integrated before growth

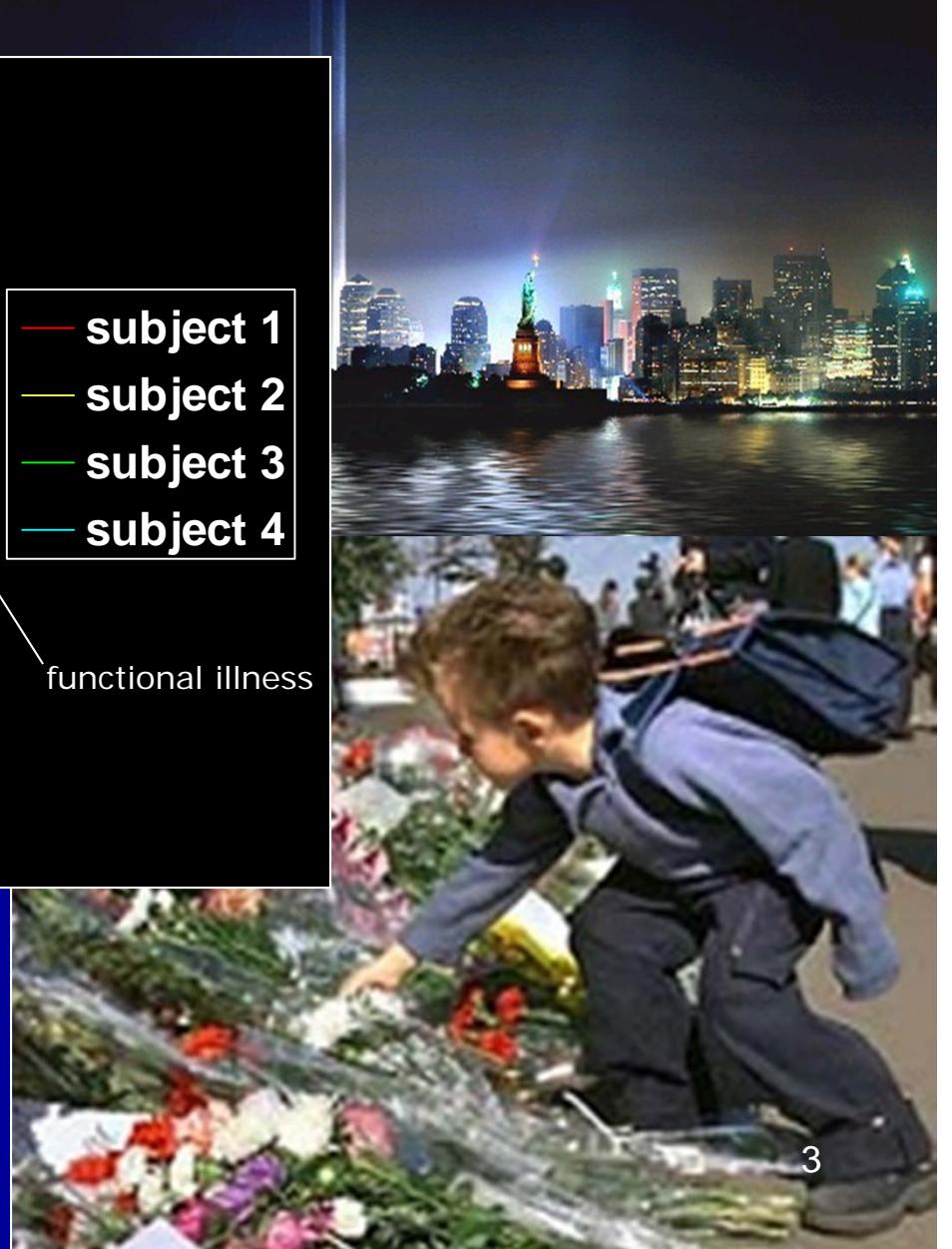
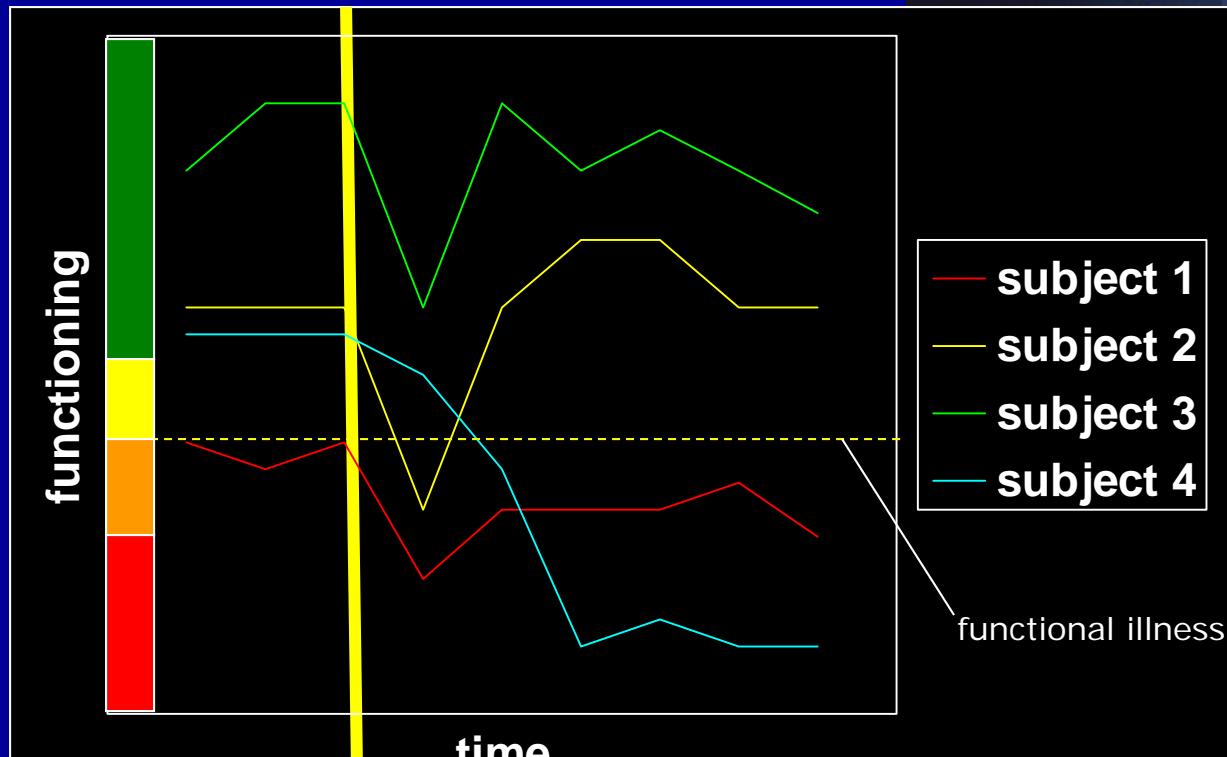
<b>Death</b>
*perm stress
*modify family roles/function
*permanent accommodation
*grief adjustment
*military commun jeop or lost
*death must be grieved before growth

**Complicated Deployment**

**STRESS LEVEL**



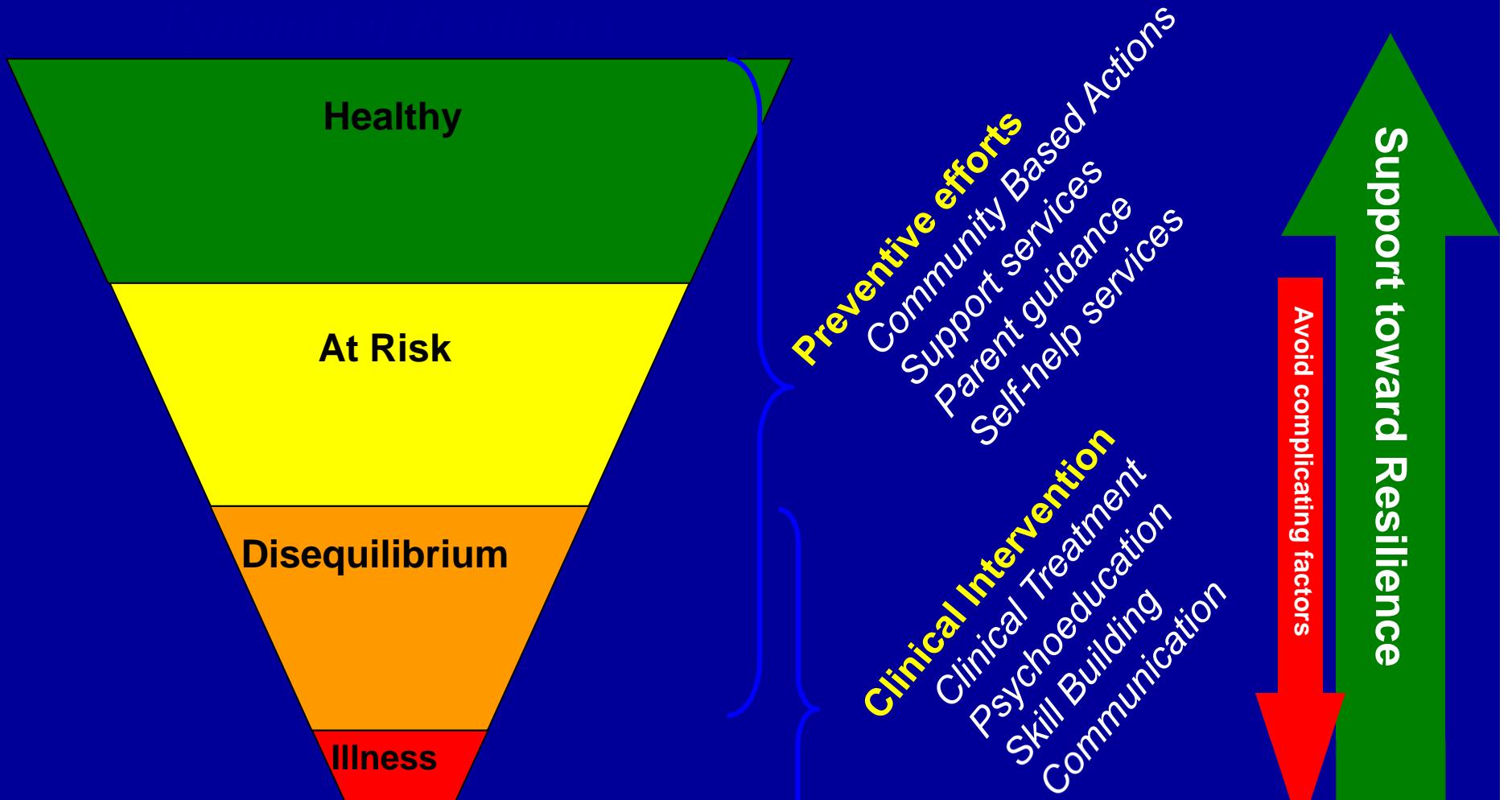
# Dimensions of Trauma/Stress Response





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# Engaging a Community at Risk



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# Children of Deployed Parents

- Chartrand, et al. 2008
  - 3 to 5 yo children show elevated behavioral symptoms
- Flake, et al. 2009
  - “high risk” stress in children and parents
  - parent stress predicted child morbidity
- Chandra, et al. 2010
  - higher emotional difficulties than national samples
  - greater deployment length and poor non-deployed parental function related to greater challenges
- Lester, et al. 2010
  - parent distress and cumulative length of deployment predicted depression and behavioral symptoms
  - children evidenced elevated anxiety in deployment and recently returned parent groups
- Reed, et al. 2011
  - quality of life, depression, suicidal thoughts



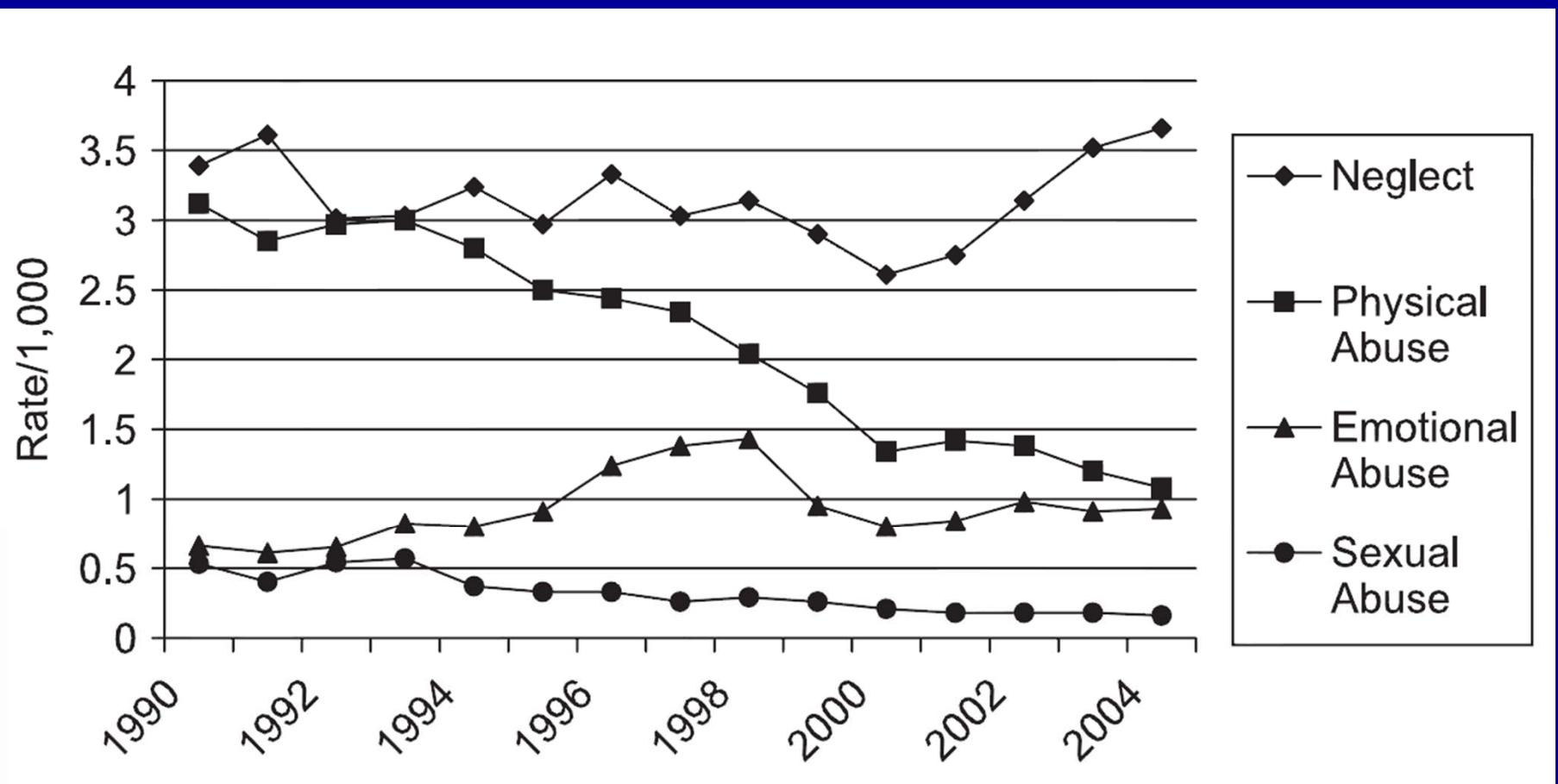
# Child Maltreatment and Deployment

- **Rentz ED, Marshall SW, Loomis D, et al.**, Am J Epidemiol 2007
  - Time series analysis of Texas child maltreatment data in military and nonmilitary families from 2000-2003
- **Gibbs DA, Martin SL, Kupper LL, et al.**, J Amer Med Assoc 2007
  - Descriptive case series of 1771 Army families with substantiated child maltreatment
- **McCarroll JE, Fan Z, Newby JH, et al.**, Child Abuse Rev 2008
  - Tabulation of Army Central Registry 1990 – 2004
  - Elevated rates of child maltreatment during combat deployment periods
  - Greatest rise in maltreatment appears to be attributed to child neglect
  - Rates of child neglect appear highest in junior enlisted population





# Rates of Army Child Maltreatment



(McCarroll et al., 2008)





## Unique Challenges in Theatre

# Impact of Combat Exposure on Service Members

- high level of traumatic combat exposures (witnessing injury or death, exposure to dead bodies, hand-to-hand combat, blast injuries)  
Hoge et al. 2004
- resultant psychiatric sequelae and other morbidity (depression, PTSD, substance use disorders, cognitive disorders, physical injury, TBI) Hoge et al, 2004; Grieger et al, 2006, Milliken et al, 2007; Tanielian & Jaycox, 2008



# Effects of PTSD on Families

- Vietnam veteran families with PTSD severe problems in marital and family adjustment, (Jordan et al .1992, MacDonald et al. 1999)
- Relationship/intimacy problems (Riggs et al. 1998)
- Mediated by emotional numbing, avoidance, and anger



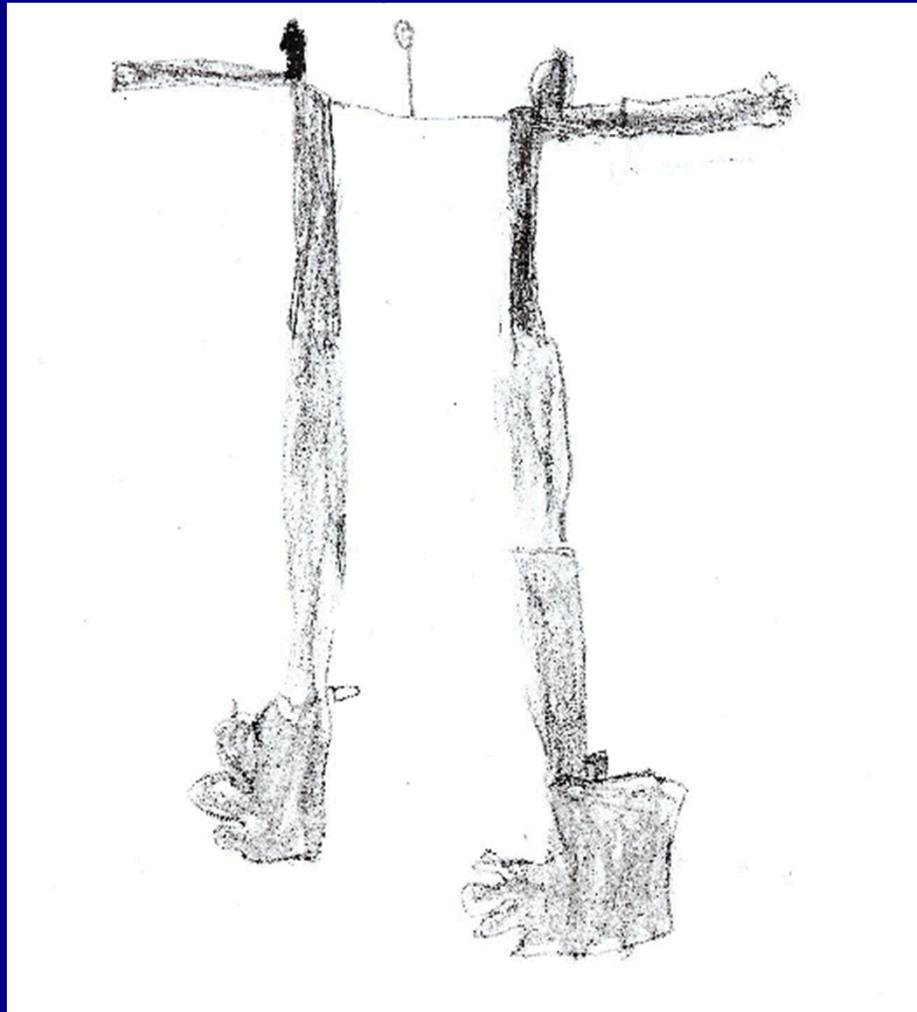
# Overview of Combat Injury

- Over 38,000 service members have been injured in Iraq and Afghanistan
- Over 30,000 children have been affected by combat injury
- Range of combat injured family experience varies (time, type/severity of injury, family composition, developmental ages, preexisting challenges)
- Effects on families likely to be variable, complex and changing over time

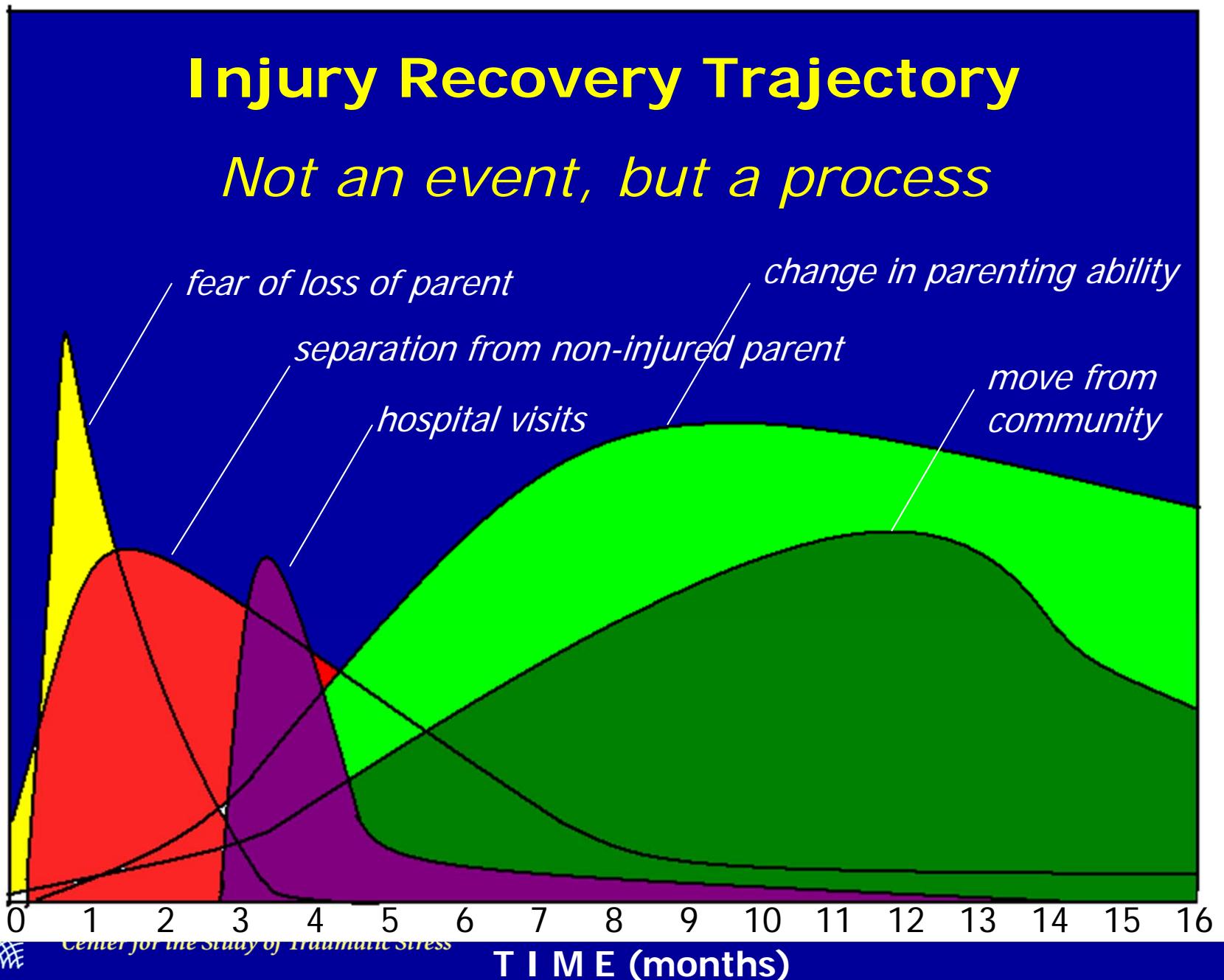




# Impact of Parental Injury on Children



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# Impact of the Injury on the Parenting Process

- Need for mourning related to body change and/or functional loss
- Self concept of “idealized parent image” is challenged
- Must develop an integrated sense of “new self”
- Parental attention must be drawn to child’s developmental needs
- Explore new mutually directed activities and play (transitional space) that allows parent and child to “try on” new ways of relating



# Invisible Injuries – PTSD/TBI

- Unique challenges to children
  - Lack of understanding – no observable answers
  - Cognitive distortions (e.g. ego centric explanations)
  - Parental irritability and reactivity
  - Change in parental personality/avoidance/withdrawal
- Importance of effective injury communication
  - Reality based understanding of the injury/consequences
- Address family distress
- Support sense of family success
- Safety planning





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# Courage to Care Courage to Talk



## About War Injuries

- Are you talking about the injury?
- What have you told your children?
- Do you know what questions to ask healthcare providers?

Visit [CourageToTalk.org](http://CourageToTalk.org) for information,  
resources and support.



The Center for the Study of Traumatic Stress (CSTS) (CSTSonline.org) is part of the Uniformed Services University's Department of Psychiatry, located in Bethesda, Maryland, and a partnering center of the Defense Center of Excellence (DCCoE) for Psychological Health and Traumatic Stress Injury.



[www.couragetotalk.org](http://www.couragetotalk.org)



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# Combat-Injured Service Members and Their Families: The Relationship of Child Distress and Spouse-Perceived Family Distress and Disruption

Stephen J. Cozza, Jennifer M. Guimond, and Jodi B. A. McKibben

*Center for the Study of Traumatic Stress, Uniformed Services University, Bethesda, MD*

Ryo S. Chun

*Child and Adolescent Psychiatry Service, Walter Reed Army Medical Center, Washington, DC*

Teresa L. Arata-Maiers

*Warrior Resiliency Program, San Antonio Military Medical Center, San Antonio, TX*

Brett Schneider

*Child and Adolescent Psychiatry Service, Walter Reed Army Medical Center, Washington, DC*

Alan Maiers

*Warrior Resiliency Program, San Antonio Military Medical Center, San Antonio, TX*

Carol S. Fullerton and Robert J. Ursano

*Center for the Study of Traumatic Stress, Uniformed Services University, Bethesda, MD*



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# Method and Sample

- Clinical record review
- Cases: 41 families of combat injured soldiers seen at WRAMC ( $n = 29$ ) or BAMC ( $n = 12$ )
- Measure: PGA–CI (Cozza, Chun, & Miller, in press)
  - semi-structured clinical interview conducted with spouses 1-12 weeks post-injury
- Demographics:
  - All service members were male, young parent age
  - Number of children  $M = 2.1$ ,  $SD = 0.9$
  - 75% of families had at least one child under the age of 3 years.
- Military Status: almost entirely active duty injured in Iraq



# Results

- Families with **high pre-injury deployment-related family distress** were **8.11 times** more likely to report high child distress post-injury.
- After controlling for pre-injury deployment-related family distress, families with **high family disruption post-injury** were **21.25 times** more likely to report high child distress.
- Injury severity was not significantly related to child distress.



# Study of Combat Injured Families

*National Military Family Association Operation Purple Camp*

- ◆ Qualitative (focus group) and quantitative (parent and child self-report measures)
- ◆ 32 families attending NMFA Operation Purple Healing Adventures Camps
- ◆ Most families more than one year out from injury
- ◆ PTSD and TBI highly represented
- ◆ Ongoing family distress and relationship problems



# NMFA Family Themes

- ◆ **High emotional reactivity and distress** - “Everything has to be perfect...he is the sergeant, do everything in order, my way or no way.”
- ◆ **Injury based challenges to individual and family functioning/interpersonal relationships** - “my wife feels like she has no friends; all her time is taken up with taking care of me”
- ◆ **Emphasis on quality service delivery and care** - “Every American soldier should be taken care of...we need to take care of our soldiers.”
- ◆ **Need for family centered care** - “What we need is for someone to talk to us as a family. Talk to kids one on one.”



# NMFA Family Themes

- ◆ **Need for developmental input-** “Help us understand the impact of injury on children in terms of their age and level of development.”
- ◆ **Need for assistance with injury communication -** “I tried to explain but it’s really hard...don’t know how to put in simple words...how do you explain TBI to a kid?”
- ◆ **Psychoeducation about the family recovery trajectory -** “What we need is help in understanding what happens from acute hospitalization to the development of a new family identity.”
- ◆ **Recognizing/reminding of family strengths -** “When asked what keeps them positive, answers ranged from commitment to love as well as wanting to do the best for the children”



# NMFA Family Data

(Cozza, Holmes, Schmidt et al. 2011)

- Young, educated combat injured families ( $n = 27$ ), mean time since injury 4 years
- Half of sample TBI, majority PTSD
- Elevated distress in SMs > spouses
- Type and number of injuries/PCL score not assoc with child or family functioning
- Spouses positive parenting and SM's positive family problem solving assoc with child prosocial behaviors
- Some distinction in SM/spouse parenting on child function





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# Combat Injury Assessment and FOCUS-CI

Congressionally Directed Medical Research Funded Studies

*Multisite including WRNMMC, BAMC, VA Site*

*Collaborators at UCLA, Harvard University, University of Washington*

Longitudinal Design

FOCUS-CI Seven Core Components

Family focused care management (e.g. ensuring instrumental support/attention to complications)

Emotion regulation skill training

Psychoeducation

Injury Communication

Problem Solving

Goal Setting

Integration of new competent family identity



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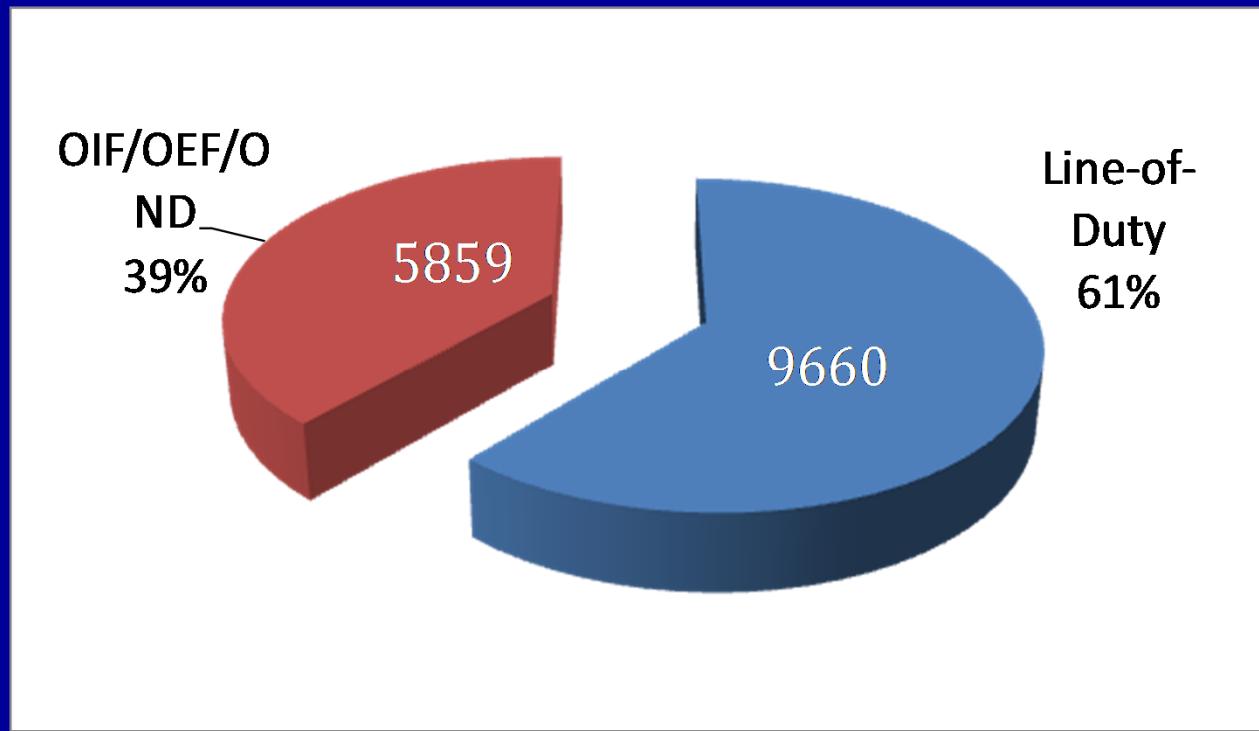
Combat Death



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# DoD Casualties All Service Branches

US Active Duty Deaths 2001-2010: 15,519

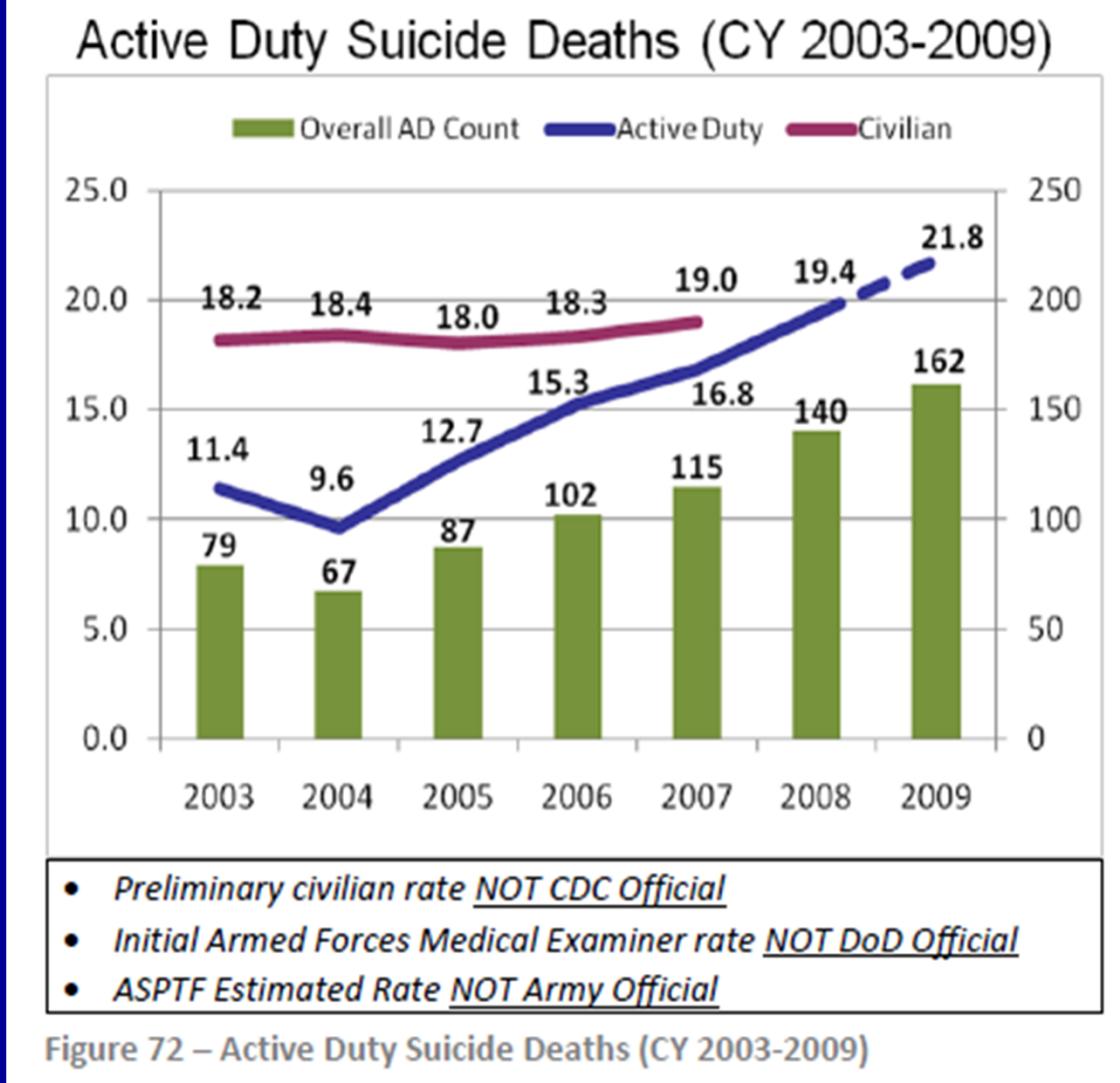


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# Circumstances of DoD Active Duty Death 2001-2010

Accident	34%
Combat/Hostile Action	29%
Illness	15%
Self-Inflicted Injury	13%
Homicide	3%
Undetermined	1%
Pending	1%
Terrorist Attack	.003%





Army health promotion



# Combat Death Bereavement

- Impact of sudden, violent traumatic death (Kaltman & Bonanno 2001)
- No empirical studies of the impact of combat death on U.S. military families
  - - parental bereavement (Rubin 1990, 1992)
  - - child bereavement (Kaffman and Elizur 1983; Bachar et al. 1997)
  - Young SM deaths—families of origin/families of procreation (sibling death)



# Unique Characteristics of Military Combat Death

- Sudden, violent, but not entirely unanticipated
- Notification and information sharing
- Condition and transfer of bodily remains
- Rites and rituals
- Military combat deaths are public events
- Military community support
- Meaning making
- Family cohesion and conflict





# Military and Civilian Bereavement

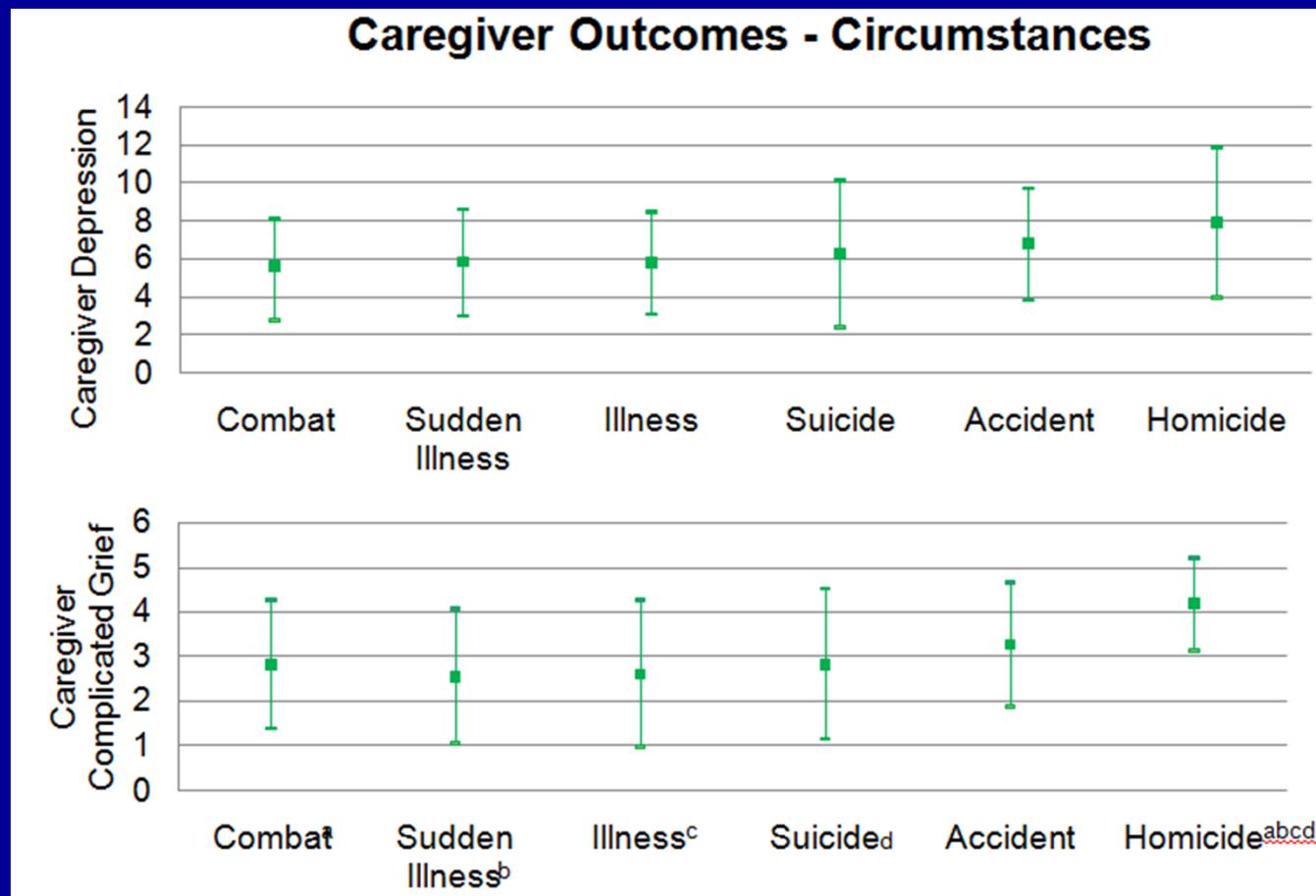
(Cozza, Ortiz, Fullerton et al. 2011)

	Military (n = 86)		Civilian (n = 99)		Overall (n = 185)	
	Child	Caregiver	Child	Caregiver	Child	Caregiver
<b>Age</b>						
Mean (SD)	7.95 (4.00)	35.69 (7.16)	8.3 (4.06)	41.19 (8.69)	8.17 (4.03)	38.65 (8.46)
<b>Gender</b>						
Male	40	1	45	12	85	13
Female	45	80	52	85	97	165
<b>Race</b>						
White	62	61	88	92	156	156
African Am	6	7	3	2	10	9
Am Indian	3	1	5	0	4	3
Asian	2	1	0	0	2	1
Pacific Isl	1	1	0	0	1	1
Biracial	9	3	5	2	7	5



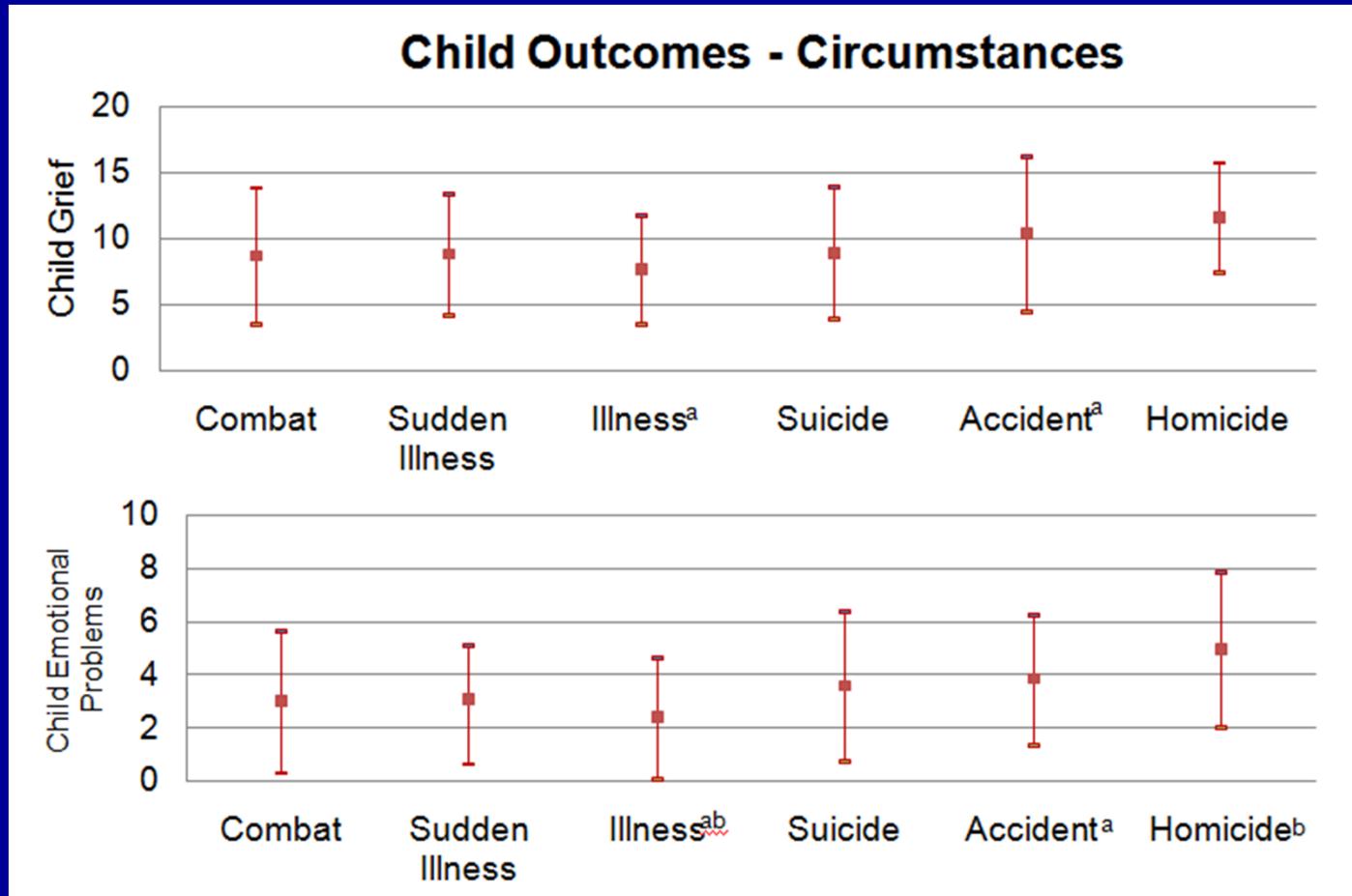


# Caregiver Outcomes by Circumstance of Death





# Child Outcomes by Circumstances of Death





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# National Military Family Bereavement Study



[www.militarysurvivorstudy.org](http://www.militarysurvivorstudy.org)



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[www.cstsonline.org](http://www.cstsonline.org)  
[scozza@usuhs.mil](mailto:scozza@usuhs.mil)



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